

CLAIMS ONLY

Application Number

"Filling" Date

10/669, 8C

Applicān(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1						
2						
3						
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48						
49						
50						
Total Indep.	3					
Total Depend.	23					
Total Claims	26					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depe
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99						
100						
Total Indep.						
Total Depend.						
Total Claims						